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Illinois Department of Public Health

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1707 NORTH 12TH STREET  QUINCY, IL 62301  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COME		NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ILLINOIS VETERANS HOME AT QUINCY  QUINCY, IL 62301  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  S 000 Initial Comments  Annual Licensure Survey			IL6015473	B. WING		11/26/2014	
CX4) ID   SUMMARY STATEMENT OF DEFICIENCIES   ID   PROVIDER'S PLAN OF CORRECTION   CACH DEFICIENCY MUST BE PRECEDED BY FULL   PREFIX TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)   TAG   CROSS-REFERENCED TO THE APPROPRIATE   DEFICIENCY)   DEFICIENCY   DEFICIEN							
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  S 000  Initial Comments  Annual Licensure Survey  Annual Licensure Survey	ILLINOIS VETERANS HOME AT QUINCY						
Annual Licensure Survey	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE COMPLETE	
	S 000	Initial Comments		S 000			
The Illinois Veterans' Home at Quincy is in		Annual Licensure Su	rvey				
compliance with the Illinois Veteran's Home Code (77 Illinois Administrative Code 340) for this survey.		compliance with the I (77 Illinois Administra	llinois Veteran's Home Code				

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE